

<i>SERFF Tracking Number:</i>	<i>SEPX-125359949</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sentry Select Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>CA AR07697DOF01</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>Dealer Operations Program</i>		
<i>Project Name/Number:</i>	<i>2007 C/L Auto/CA AR07697DOF01</i>		

Filing at a Glance

Company: Sentry Select Insurance Company

Product Name: Dealer Operations Program

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0001 Business Auto

Filing Type: Form

SERFF Tr Num: SEPX-125359949

SERFF Status: Closed

Co Tr Num: CA AR07697DOF01

Co Status:

Author: SPI SentryInsurancePC

Date Submitted: 11/14/2007

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees received

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Disposition Date: 11/19/2007

Disposition Status: Approved

Effective Date (New): 12/01/2007

Effective Date (Renewal):

12/01/2007

Effective Date Requested (New): 12/01/2007

Effective Date Requested (Renewal): 12/01/2007

General Information

Project Name: 2007 C/L Auto

Project Number: CA AR07697DOF01

Reference Organization:

Reference Title:

Filing Status Changed: 11/19/2007

State Status Changed: 11/15/2007

Corresponding Filing Tracking Number:

Filing Description:

Please find enclosed a revised 40-191 DO 12 07 Arkansas Uninsured and Underinsured Motorists Coverage selection form with an editorial change. The definition of an underinsured motorist inadvertently did not include the phrase "caused by a motorist". The forms have also been updated to remove references of the Trucker policy since the forms are not used with the Trucker policy.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The revised form replaces the 06 07 edition of the 40-191 DO.

Company and Contact

SERFF Tracking Number:	SEPX-125359949	State:	Arkansas
Filing Company:	Sentry Select Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR07697DOF01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Dealer Operations Program		
Project Name/Number:	2007 C/L Auto/CA AR07697DOF01		

Filing Contact Information

Earl Lais, Compliance/Development Sr. Analyst earl.lais@sentry.com
 1800 North Point Drive (715) 346-7898 [Phone]
 Stevens Point, WI 54481 (715) 346-6044[FAX]

Filing Company Information

Sentry Select Insurance Company	CoCode: 21180	State of Domicile: Wisconsin
1800 North Point Drive	Group Code: 169	Company Type:
Stevens Point, WI 54481	Group Name: Sentry Insurance Group	State ID Number:
(715) 346-6000 ext. [Phone]	FEIN Number: 36-2674180	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sentry Select Insurance Company	\$50.00	11/14/2007	16649998

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<i>Project Name/Number:</i>	<i>2007 C/L Auto/CA AR07697DOF01</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/19/2007	11/19/2007

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<i>Product Name:</i>	<i>Dealer Operations Program</i>		
<i>Project Name/Number:</i>	<i>2007 C/L Auto/CA AR07697DOF01</i>		

Disposition

Disposition Date: 11/19/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SEPX-125359949	State:	Arkansas
Filing Company:	Sentry Select Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR07697DOF01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Dealer Operations Program		
Project Name/Number:	2007 C/L Auto/CA AR07697DOF01		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	AR DO UM & UIM Selection Form	Approved	Yes

SERFF Tracking Number:	SEPX-125359949	State:	Arkansas
Filing Company:	Sentry Select Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	CA AR07697DOF01		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	Dealer Operations Program		
Project Name/Number:	2007 C/L Auto/CA AR07697DOF01		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AR DO UM & UIM Selection Form	40-191 DO	12 07	Election/Re Replaced jection/Sup plemental Application s	Replaced Form #:0.00 40-191 DO Previous Filing #:		40-191 DO.PDF

ARKANSAS
UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
SELECTION FORM

Uninsured Motorists Coverage – Bodily Injury – covers the named insured and occupants of a covered auto for bodily injury caused by a negligent motorist who has no insurance.

Underinsured Motorists Coverage – Bodily Injury – covers the named insured and occupants of a covered auto for bodily injury caused by a motorist whose limits for bodily injury liability are not enough to pay the full amount an insured is legally entitled to recover as damages.

Uninsured Motorists Coverage – Property Damage provides coverage for loss or damage to an insured motor vehicle resulting from collision caused by an uninsured motor vehicle. Uninsured Motorists Coverage – Property Damage Coverage is optional and is generally subject to a \$200 deductible.

Family members of the named insured are also covered if the named insured is an individual.

UNINSURED MOTORISTS COVERAGE – BODILY INJURY

Please initial the line next to the option you select.

_____ I reject Uninsured Motorists Coverage – Bodily Injury entirely.

_____ I reject Uninsured Motorists Coverage with a coverage limit equal to the bodily injury liability limit of my Business Auto or Garage policy but select a lower limit of:

_____ \$50,000 Combined Single Limit (Minimum)

_____ Other – Specify Limit \$ _____

_____ I select Uninsured Motorists Coverage with a limit equal to the bodily injury liability limit of my Business Auto or Garage policy.

Uninsured Motorists Coverage limits may not exceed the bodily injury liability limits on your Business Auto or Garage Policy.

UNDERINSURED MOTORISTS COVERAGE – BODILY INJURY

Please initial the line next to the option you select.

_____ I reject Underinsured Motorists Coverage – Bodily Injury entirely.

_____ I select Underinsured Motorists Coverage – Bodily Injury coverage with the same limit selected for Uninsured Motorists Coverage – Bodily Injury.

This coverage is not available if Uninsured Motorists – Bodily Injury Coverage has been rejected.

Continued on next page.

UNINSURED MOTORISTS COVERAGE - PROPERTY DAMAGE

Please initial the line next to the option you select.

_____ I reject Uninsured Motorists – Property Damage Coverage entirely.

_____ I select Uninsured Motorists Property Damage Coverage with the following limit:

_____ \$25,000 Combined Single Limit

_____ \$50,000 Combined Single Limit

_____ \$100,000 Combined Single Limit

_____ Other – Specify Limit \$_____. Coverage is available up to the Bodily Injury
Liability Limit.

This coverage is not available if Uninsured Motorists – Bodily Injury Coverage has been rejected.

NAMED INDIVIDUALS

_____ I select Uninsured Motorists Coverage – Bodily Injury and Underinsured Motorists Coverage – Bodily Injury with
a coverage limit of \$_____ for the following Named Individuals only:

Coverage limits may not exceed the bodily injury limits of your Business Auto or Garage Liability policy.

THIS SELECTION FORM DOES NOT PROVIDE COVERAGE. READ THE POLICY FOR DETAILS.

I understand this selection of coverage will apply to all subsequent renewals, reinstatements, and replacement policies until a change is requested by me in writing.

FIRST NAMED INSURED

POLICY NUMBER

SIGNATURE OF FIRST NAMED INSURED

DATE

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Rate Information

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<i>Project Name/Number:</i>	<i>2007 C/L Auto/CA AR07697DOF01</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/19/2007
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Comments:

Attachment:

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF

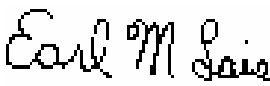
Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Sentry Insurance Group				Group NAIC #	169
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Sentry Select Insurance Company	WI	21180	36-2674180			

5. Company Tracking Number	CA AR07697DOF01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Earl Lais 1800 North Point Drive Stevens Point WI 54481	Compliance/Development Sr. Analyst	715-346-7898	715-346-6044	earl.lais@sentry.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Earl Lais			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0 Commercial Auto			
10. Sub-Type of Insurance (Sub-TOI)	20.0001 Business Auto			
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]				
12. Company Program Title (Marketing Title)	Dealer Operations			
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:	12/01/2007	Renewal:	12/01/2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16. Reference Organization (if applicable)	N/A			
17. Reference Organization # & Title				
18. Company's Date of Filing	11/14/07			
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	CA AR07697DOF01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Please find enclosed a revised 40-191 DO 12 07 Arkansas Uninsured and Underinsured Motorists Coverage selection form with an editorial change. The definition of an underinsured motorist inadvertently did not include the phrase "caused by a motorist". The forms have also been updated to remove references of the Trucker policy since the forms are not used with the Trucker policy.

The revised form replaces the 06 07 edition of the 40-191 DO.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="180 1461 433 1520"> <p>Check #: EFT</p> <p>Amount: \$50.00</p> </div> <div data-bbox="151 1757 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)